

Podcast Q&A: “About the Office of Adolescent Health” with OAH Director Evelyn Kappeler

Introduction: Evelyn M. Kappeler is the Director of the Office of Adolescent Health, or OAH, within the U.S. Department of Health and Human Services. Ms. Kappeler has led OAH since it was established in the HHS Office of the Assistant Secretary of Health back in 2010. Ms. Kappeler joins us today to discuss the many functions and efforts of the Office Adolescent Health.

1. OAH is a relatively new office, and the first within HHS devoted entirely to adolescent health issues. Can you tell us more about OAH’s history and why it was established?

You touched on what makes the Office of Adolescent Health unique —it is the first office within HHS wholly dedicated to the improvement of adolescent health. Focusing on this age group – the second decade - is so important because the pre-teen and teen years are a critical period when patterns of health-promoting or health damaging behaviors are established that have a substantial influence on health status throughout a person’s lifetime. In recent years, relatively few resources and limited attention has been given to adolescent issues and now we are in the unique position to help promote healthy behaviors among adolescents that carry into and throughout adulthood.

OAH was established within the Office of the Assistant Secretary for Health through a congressional appropriation in 2010. One of its purposes was to administer the new Teen Pregnancy Prevention Program designed to address high teen pregnancy rates in the United States by replicating evidence-based models and testing innovative programs. At a broader level, OAH was established to coordinate U.S. Department of Health and Human Services (HHS) efforts related to adolescent health and to communicate adolescent health information to key stakeholders.

As a relatively new office, we are always building and growing. We are continually identifying resources and expanding our reach through social media. We are working with grantees and with other government offices to reach our shared goal of improving the lives of adolescents.

2. How would you describe the vision of OAH, and what are your strategic priorities?

Our vision is to advance best practices to improve the health and well-being of America's adolescents. And, OAH is committed to four strategic priorities:

- Increasing recognition and inclusion of the specific needs and concerns of adolescents when addressing the health of the nation
- Identifying, promoting, and supporting a range of evidence-based approaches to enhance adolescent health
- Fully engaging partners from multiple sectors to help achieve an effective, integrated, and sustainable system for adolescent health
- Increasing the collective impact of the U.S. Department of Health and Human Services (HHS) to improve or ensure the health of adolescents, especially those who are most vulnerable.

Building on our vision and priorities, we held a series of internal "visioning" meetings to collaboratively develop the framework of our Strategic Plan, which was released in September 2012 and provides guidance for our work through 2015.

3. I understand OAH manages several major grant programs. Can you tell us about them?

We manage two grant programs directly – one for projects working to prevent teen pregnancy (the Teen Pregnancy Prevention Program), and another for projects that serve teenagers and young adults who are expecting a baby or are parenting a young child (the Pregnancy Assistance Fund).

In 2010, the year OAH was established, competitive grants (totaling \$100 million) were made to public and private entities to support programs that prevent and reduce teen pregnancy. Within the TPP program, OAH supports two types of programs.

The first program category replicates evidence-based programs. The purpose of replicating programs is to learn, if programs were shown to be effective in reducing sexual health risks in one setting, are they also effective in a different setting and/or with different populations? Program models being replicated include: nine abstinence projects, 45 sexual health education projects, 30 youth development projects, seven clinic-based projects, and four projects for special populations.

The second program category pilots new TPP strategies. OAH develops and tests new models to prevent teen pregnancy by funding 19 research and demonstrations programs. We do this in partnership with the Administration on Children and Families (ACF), which funds an additional 13 innovative projects that target very high risk populations, like youth in foster care and homeless youth. We also partner with the Centers for Disease Control and Prevention to fund eight projects that are testing a community-wide approach to teen pregnancy prevention.

Through our work with our teen pregnancy prevention grantees, we participate in a number of collaborations to help support and further the teen pregnancy prevention field. These include OAH's involvement in the Federal Teen Pregnancy Prevention Coordination Workgroup. This group includes several agencies and offices across HHS which have HHS teen pregnancy prevention activities. The group shares training and technical assistance resources and collaborates on evaluation efforts.

The Pregnancy Assistance Fund, which is appropriated and authorized by Affordable Care Act (the health reform law) , is the second grant program that we directly manage. OAH funds competitive grants (\$25 million grant program) to states and Tribal entities to provide expectant and parenting adolescents and young adults with a network of supportive services to help them:

- Complete high school or postsecondary degrees
- Gain access to health care
- Child care
- Family housing
- Other critical support

PAF funds are also used to improve services for pregnant women who are victims of domestic violence, sexual violence, sexual assault and stalking.

4. Other than grantee programs, what other initiatives is OAH currently working on?

OAH supports Several Web-based Resource Centers

In addition to funding grantees directly, we are working hard to make resources provided to grantees (such as through trainings and webinars) available to ANY organization working with adolescents and young adults. Last year, we launched the PAF Resource and Training Center, and this year we plan to launch a similar resource for Teen Pregnancy Prevention. These resource centers have hundreds of highly credible and useful resources, ranging from skill-

building materials on developing effective organizations to topic-specific tipsheets on reducing teen pregnancy. They also have E-learning modules which are free and available to the public.

OAH also supports the National Resource Center for HIV/AIDS Prevention among Adolescents. The Center supports adolescent service providers with web-based resources, evidence-based research, and training and technical assistance to promote HIV/AIDS prevention among adolescents, in particular adolescents from minority and high-risk populations

OAH convenes the HHS Adolescent Health Working Group

Our monthly meetings provide a forum for HHS agencies and a few other federal agencies to learn from each other and support a full-range of evidence-based approaches to improve adolescent health, to address adolescents' health risks, and highlight programs focused on positive youth development. This is truly a first of its kind collaboration among many HHS agencies and offices.

Communicating with Adolescent Health Stakeholders

OAH has undertaken several efforts to communicate with a broad range of stakeholders and ultimately advance adolescent health.

First, our new website, launched in October 2011, enables us to highlight developments and resources in adolescent health from across the federal government. On the site, we also maintain a library of federal adolescent resources across physical health, mental health, substance abuse, reproductive health, and relationships, and have an interactive state map, where you can find adolescent health facts in each of these categories for all 50 states and the District of Columbia.

One of our mostly frequently visited pages is an easy-to-use database of evidence based programs shown to reduce rates of teen pregnancy and the transmission of sexually transmitted diseases.

We also use social media. Our Twitter feed, @TeenHealthGov, connects with the adolescent health community, and disseminates new information and resources. Be sure to follow us "at teen health gov" !

Finally, our e-update is a great way to stay up-to-date on adolescent health developments. You can sign up on our website homepage.

5. Looking back over your tenure to date, what do you feel has been OAH's greatest accomplishments?

One of our biggest accomplishments is building a solid evidence base of program interventions in teen pregnancy prevention and our significant investments in rigorous evaluation of replication of these program interventions, as well as new approaches. The TPP is an example of how we are seeking to ensure that the best evidence is brought to bear in public programs – and that we continue to build our knowledge bank about what works, and what doesn't, so that we improve the effectiveness of programs and make the best use of scarce resources. This dual approach really is key to spreading evidence-based practice while spurring further innovation. Using "evidence-based" models isn't just a buzzword – it is putting the best science to work to improve outcomes and to make the best use of taxpayer dollars. Resources aren't unlimited, and so it only makes sense to make investments where science tells us the pay off will be highest.

The Teenage Pregnancy Prevention program is designed to invest resources in replicating teen pregnancy prevention programs that have been shown to be effective *and* to test new approaches so that we can find new, more effective, interventions. We are committed to conducting high-quality evaluations. We cannot skimp on evaluation because it is the key to identifying program models that have been successful so those strategies can be used with confidence in the future by communities across the country.

6. You have a truly unique view of the adolescent health field from your position at OAH. Considering today's challenges and progress, where do you see the field heading in the years ahead? What role do you think OAH can play in helping to improve adolescent health in the United States?

Resources were provided to establish the office due to concerns about the historic lack of funding and focus on the significant unmet, often interrelated health needs of adolescents and the fact that health problems that emerge during adolescence have important consequences for adult morbidity and mortality. We have a unique opportunity to help reduce health risk exposure and behaviors among adolescents and to support health promotion and disease prevention among adolescents.

Adolescence is a time of remarkable growth, change, and opportunity; but it can also be a time of tremendous risk, with decisions that can lead to lifelong health consequences. OAH is in a position to play an important role by providing leadership to bring attention to adolescent health issues, discover and promote evidence-based practices, set policy and

program priorities, and coordinate programs across different agencies and programs. Most importantly, we can focus on highlighting the tremendous opportunities adolescence presents for promoting public health and for nurturing another generation.